

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

VOTE 2 REDUCE DEBT (V2RD)

ADDRESS (number and street)

1005 CONGRESS AVE STE 350

☐ Check if different than previously reported. (ACC)

AUSTIN

TX

78701

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00563064

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

11

04

2014

in the State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the State of

5. Covering Period

10

01

2014

through

10

15

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. KENNETH W. DAVIS JR.

Signature of Treasurer

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

10

22

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X

Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

VOTE 2 REDUCE DEBT (V2RD)

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 01 / 2014 To: M M / D D / Y Y Y Y Y 10 / 15 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	36159.77	
(c) Total Receipts (from Line 19)	477516.53	2536448.76
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	513676.30	2536448.76
7. Total Disbursements (from Line 31)	436427.83	2459200.29
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	77248.47	77248.47
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

VOTE 2 REDUCE DEBT (V2RD)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	4

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	476848.85	2531210.50
(ii) Unitemized	25.00	2329.01
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	476873.85	2533539.51
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ►	476873.85	2533539.51
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	642.68	2891.43
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	17.82
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►	477516.53	2536448.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ►	477516.53	2536448.76

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	41077.80	1057107.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	41077.80	1057107.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	395350.03	1402092.88
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	436427.83	2459200.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	436427.83	2459200.29

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	476873.85	2533539.51
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	476873.85	2533539.51
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	41077.80	1057107.41
37. Offsets to Operating Expenditures (from Line 15, page 3).....	642.68	2891.43
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	40435.12	1054215.98

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. Mr. KENNETH W. DAVIS JR.

Mailing Address PO Box 999

City

FORT WORTH

State

TX

Zip Code

76101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ken Davis Finance

Occupation

Board Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2206751.20

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.5965

Amount of Each Receipt this Period

224339.55

Full Name (Last, First, Middle Initial)

B. Mr. KENNETH W. DAVIS JR.

Mailing Address PO Box 999

City

FORT WORTH

State

TX

Zip Code

76101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ken Davis Finance

Occupation

Board Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2399332.02

Date of Receipt

10 / 09 / 2014

Transaction ID : SA11AI.5966

Amount of Each Receipt this Period

192580.82

Full Name (Last, First, Middle Initial)

C. Mr. KENNETH W. DAVIS JR.

Mailing Address PO Box 999

City

FORT WORTH

State

TX

Zip Code

76101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ken Davis Finance

Occupation

Board Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2458910.50

Date of Receipt

10 / 15 / 2014

Transaction ID : SA11AI.5967

Amount of Each Receipt this Period

59578.48

SUBTOTAL of Receipts This Page (optional)..... ►

476498.85

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. Mr. Mark Weimer

Mailing Address 1058 Kristen Court

City

San Jose

State

CA

Zip Code

95120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Strategic Media 21

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 06 / 2014

Transaction ID : SA11AI.5958

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

476848.85

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 40
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address 500 Staples Dr

City State Zip Code
 Farmingham MA 01702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.63

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 02 2014

Transaction ID : SA15.5962

Amount of Each Receipt this Period

491.07

Refund of Office Supply Purchase

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

491.07

491.07

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 40

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. 815 Houston L.P.

Mailing Address 2501 Parkview

City Fort Worth State TX Zip Code 76102

Purpose of Disbursement
Rent

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 03 / 2014
Transaction ID : SB21B.5976

Amount of Each Disbursement this Period

1810.87

Full Name (Last, First, Middle Initial)

B. Alliant Insurance Services Inc.

Mailing Address PO Box 27025

City Richmond State VA Zip Code 23261

Purpose of Disbursement
Insurance Premium

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 06 / 2014
Transaction ID : SB21B.5979

Amount of Each Disbursement this Period

1924.05

Full Name (Last, First, Middle Initial)

C. American Airlines

Mailing Address 4333 Amon Carter Blvd

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement
Airfare Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 09 / 2014
Transaction ID : SB21B.5980

Amount of Each Disbursement this Period

492.70

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4227.62

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 40

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address PO Box 5014

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
Phone Bill

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2014
Transaction ID : SB21B.5981

Amount of Each Disbursement this Period

147.69

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address PO Box 947

City American Fort State UT Zip Code 84003

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 02 / 2014
Transaction ID : SB21B.5982

Amount of Each Disbursement this Period

10.20

Full Name (Last, First, Middle Initial)

C. Calder Group LLC

Mailing Address PO Box 552

City Portland State MI Zip Code 48875

Purpose of Disbursement
Election Consultant Expenses

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2014
Transaction ID : SB21B.6020

Amount of Each Disbursement this Period

520.80

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

678.69

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 40

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. David Goldberg Blogs

Mailing Address PO Box 2755

City Sugar Land State TX Zip Code 77478

Purpose of Disbursement
Writer

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 14 2014
Transaction ID : SB21B.5983

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Farmers & Parkers LPMailing Address 2501 Parkview Drive
Ste 418

City Fort Worth State TX Zip Code 76102

Purpose of Disbursement
Monthly Garage Rent

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 03 2014
Transaction ID : SB21B.5984

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Marcie Finney

Mailing Address 2508 College Ave

City Fort Worth State TX Zip Code 76110

Purpose of Disbursement
Services for Printing and Design

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 07 2014
Transaction ID : SB21B.5482

Amount of Each Disbursement this Period

1498.57

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3198.57

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 40

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. Frontier Airlines

Mailing Address PO Box 492085

City State Zip Code
Denver CO 80249
Purpose of Disbursement
Airfare Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
10 09 2014
Transaction ID : SB21B.5986

Amount of Each Disbursement this Period

384.20

Full Name (Last, First, Middle Initial)

B. Frontier Airlines

Mailing Address PO Box 492085

City State Zip Code
Denver CO 80249
Purpose of Disbursement
Airfare Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
10 09 2014
Transaction ID : SB21B.5987

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. Frontier Airlines

Mailing Address PO Box 492085

City State Zip Code
Denver CO 80249
Purpose of Disbursement
Airfare Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
10 09 2014
Transaction ID : SB21B.5988

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

434.20

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
VOTE 2 REDUCE DEBT (V2RD)

A. Grace Admin Services Inc.

Date of Disbursement

Three digital displays showing the date 10/07/2014 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '07' with 'D' indicators above it. The third display shows '2014' with 'Y' indicators above it.

Transaction ID : SB21B.5989

Amount of Each Disbursement this Period

345.00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Monica Hamilton

Date of Disbursement

M M / D D / Y Y Y Y
10 06 2014

Transaction ID : SB21B.5974

Amount of Each Disbursement this Period

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Full Name (Last, First, Middle Initial)

C. Monica Hamilton

Date of Disbursement

Transaction ID : SB21B.5975

Amount of Each Disbursement this Period

2200.00

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

2745.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 40

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. Madison Strategies LLC

Mailing Address 5307 Atlantic Ave

City Virginia Beach State VA Zip Code 23451

Purpose of Disbursement
Public Relations Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2014
Transaction ID : SB21B.5991

Amount of Each Disbursement this Period

293.18

Full Name (Last, First, Middle Initial)

B. One Degree LLC

Mailing Address 6911 Marina Shores Ct

City Arlington State TX Zip Code 77016

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2014
Transaction ID : SB21B.5992

Amount of Each Disbursement this Period

6000.00

Full Name (Last, First, Middle Initial)

C. Patrick Davis Consulting LLC

Mailing Address 5160 Hearthstone Ln

City Colorado Springs State CO Zip Code 80919

Purpose of Disbursement
Political and Strategic Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2014
Transaction ID : SB21B.5993

Amount of Each Disbursement this Period

18000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

24293.18

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

VOTE 2 REDUCE DEBT (V2RD)

A. Hunter Pickels

Date of Disbursement

Transaction ID : SB21B.5973

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

44.24

Full Name (Last, First, Middle Initial)

B. Staples

Date of Disbursement

Mailing Address 500 Staples Dr

City	State	Zip Code
Farmingham	MA	01702

Transaction ID : SB21B.5994

Purpose of Disbursement
Office Supplies

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

C. Staples

Date of Disbursement

Mailing Address 500 Staples Dr

MM / DD / YYYY

City	State	Zip Code
Farmingham	MA	01702

Transaction ID : SB21B.5995

Purpose of Disbursement
Office Supplies

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....

Response	Percentage
Yes	88.04
No	11.96

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 40

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. Travelocity USA

Mailing Address 3150 Sabre Dr

City Southlake State TX Zip Code 76092

Purpose of Disbursement
Airfare Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 15 2014
Transaction ID : SB21B.5996

Amount of Each Disbursement this Period

931.84

Full Name (Last, First, Middle Initial)

B. Travelocity USA

Mailing Address 3150 Sabre Dr

City Southlake State TX Zip Code 76092

Purpose of Disbursement
Airfare Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 15 2014
Transaction ID : SB21B.5997

Amount of Each Disbursement this Period

101.02

Full Name (Last, First, Middle Initial)

C. Travelocity USA

Mailing Address 3150 Sabre Dr

City Southlake State TX Zip Code 76092

Purpose of Disbursement
Airfare Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 15 2014
Transaction ID : SB21B.5998

Amount of Each Disbursement this Period

1001.28

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2034.14

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 40

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. United Airlines

Mailing Address 233 S Wacker Dr

City Chicago State IL Zip Code 60606

Purpose of Disbursement
Airfare Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014
Transaction ID : SB21B.5999

Amount of Each Disbursement this Period

1555.70

Full Name (Last, First, Middle Initial)

B. United Airlines

Mailing Address 233 S Wacker Dr

City Chicago State IL Zip Code 60606

Purpose of Disbursement
Airfare Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014
Transaction ID : SB21B.6000

Amount of Each Disbursement this Period

1555.70

Full Name (Last, First, Middle Initial)

C. US Treasury

Mailing Address 1500 Pennsylvania Ave NW

City Washington State DC Zip Code 20220

Purpose of Disbursement
Tax Payments

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2014
Transaction ID : SB21B.6001

Amount of Each Disbursement this Period

183.60

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3295.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 40

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

VOTE 2 REDUCE DEBT (V2RD)

Full Name (Last, First, Middle Initial)

A. Wells Fargo

Mailing Address 900 D Ranch Road 620 S

City State Zip Code
Austin TX 78734

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 09 / 2014

Transaction ID : SB21B.6002

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. Wells Fargo

Mailing Address 900 D Ranch Road 620 S

City State Zip Code
Austin TX 78734

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 09 / 2014

Transaction ID : SB21B.6003

Amount of Each Disbursement this Period

3.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

13.00

41007.44

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 19 OF 40
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD)			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00563064</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Calder Group LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 24 / 2014</div>		
Mailing Address PO Box 552			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7500.00</div>		
City Portland		State MI	Zip Code 48875		Transaction ID : SE.5249 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 10 / 2014</div>
Purpose of Expenditure Media Election Consulting		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>			
Name of Federal Candidate TERRI LYNN LAND			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">211373.15</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee Ephraim Froelich			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 24 / 2014</div>		
Mailing Address 1785 Evergreen Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7500.00</div>		
City Juneau		State AK	Zip Code 99801		Transaction ID : SE.5264 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 10 / 2014</div>
Purpose of Expenditure Media Election Consulting		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>			
Name of Federal Candidate DAN SULLIVAN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">166970.25</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;">15000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Mr. KENNETH W. DAVIS JR.			[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 22 / 2014</div>
Signature _____					

Full Name of Payee Matt Mercer		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2014	
Mailing Address PO Box 612		Amount 7500.00	
City Madison	State NC	Zip Code 27025	Transaction ID : SE.5269 Date of Disbursement or Obligation MM / DD / YYYY 10 / 10 / 2014
Purpose of Expenditure Media Election Consulting		Category/ Type	
Name of Federal Candidate THOM R TILLIS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ District: _____ State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	7500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 21 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD)			FEC IDENTIFICATION NUMBER ▼ C C00563064		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Peak Political Solutions			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2014		
Mailing Address 9625 Blue Grass Place			Amount 7500.00		
City Colorado Springs	State CO	Zip Code 80925	Transaction ID : SE.5243		
Purpose of Expenditure Media Election Consulting		Category/Type 	Date of Disbursement or Obligation MM / DD / YYYY 10 / 10 / 2014		
Name of Federal Candidate CORY GARDNER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO		
Calendar Year-To-Date Per Election for Office Sought		189574.59	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Hunter Pickels			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2014		
Mailing Address 6536 LaSalle Ave			Amount 7500.00		
City Baton Rouge	State LA	Zip Code 70806	Transaction ID : SE.5237		
Purpose of Expenditure Media Election Consulting		Category/Type 	Date of Disbursement or Obligation MM / DD / YYYY 10 / 10 / 2014		
Name of Federal Candidate WILLIAM CASSIDY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		180116.30	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			15000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Mr. KENNETH W. DAVIS JR. _____ Signature		[Electronically Filed]		Date MM / DD / YYYY 10 / 22 / 2014	

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: SE

Transaction ID : SE.5243

Estimated balance reported on IEN filed during the quarter in the amount of \$15000. Paid in increments on 9/5 and 10/10. See report number FEC-948732 filed on 8/26/2014.

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 23 OF 40
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD)			FEC IDENTIFICATION NUMBER ▼ C C00563064	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Red State Productions			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 1629 K St NW Ste 300			Amount 7142.86	
City Washington	State DC	Zip Code 20006	Transaction ID : SE.5361	
Purpose of Expenditure Voter Rally		Category/ Type 	Date of Disbursement or Obligation 10 / 06 / 2014	
Name of Federal Candidate MARK BEGICH		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AK</u>	
Calendar Year-To-Date Per Election for Office Sought		152327.39	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Red State Productions			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 1629 K St NW Ste 300			Amount 7142.86	
City Washington	State DC	Zip Code 20006	Transaction ID : SE.5362	
Purpose of Expenditure Voter Rally		Category/ Type 	Date of Disbursement or Obligation 10 / 06 / 2014	
Name of Federal Candidate MARK BEGICH		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AK</u>	
Calendar Year-To-Date Per Election for Office Sought		159470.25	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			14285.72	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Mr. KENNETH W. DAVIS JR. Signature _____				
[Electronically Filed] Date 10 / 22 / 2014				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 24 OF 40
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD)			FEC IDENTIFICATION NUMBER ▼ C C00563064	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Red State Productions			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 1629 K St NW Ste 300			Amount 14285.72	
City Washington State DC Zip Code 20006		Transaction ID : SE.5363		
Purpose of Expenditure Voter Rally		Category/Type 		Date of Disbursement or Obligation MM / DD / YYYY 10 / 06 / 2014
Name of Federal Candidate MARK LUNSFORD PRYOR		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 165050.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Red State Productions			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 1629 K St NW Ste 300			Amount 14285.72	
City Washington State DC Zip Code 20006		Transaction ID : SE.5364		
Purpose of Expenditure Voter Rally		Category/Type 		Date of Disbursement or Obligation MM / DD / YYYY 10 / 06 / 2014
Name of Federal Candidate MARK E UDALL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 182074.59		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			28571.44	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Mr. KENNETH W. DAVIS JR. Signature _____				
[Electronically Filed] Date MM / DD / YYYY 10 / 22 / 2014				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 25 OF 40
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD)			FEC IDENTIFICATION NUMBER ▼ C C00563064	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Red State Productions			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 1629 K St NW Ste 300			Amount 14285.72	
City Washington		State DC	Zip Code 20006	
Purpose of Expenditure Voter Rally		Category/ Type 	Transaction ID : SE.5365 Date of Disbursement or Obligation 10 / 06 / 2014	
Name of Federal Candidate BRUCE L BRALEY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought		180113.87	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Red State Productions			Date of Public Distribution/Dissemination 11 / 04 / 2014	
Mailing Address 1629 K St NW Ste 300			Amount 14285.72	
City Washington		State DC	Zip Code 20006	
Purpose of Expenditure Voter Rally		Category/ Type 	Transaction ID : SE.5366 Date of Disbursement or Obligation 10 / 06 / 2014	
Name of Federal Candidate MARY L LANDRIEU		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		172616.30	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			28571.44	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Mr. KENNETH W. DAVIS JR. Signature _____				
[Electronically Filed] Date 10 / 22 / 2014				

Full Name of Payee Red State Productions		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 1629 K St NW Ste 300		Amount 14285.71	
City Washington	State DC	Zip Code 20006	Transaction ID : SE.5368 Date of Disbursement or Obligation MM / DD / YYYY 10 / 06 / 2014
Purpose of Expenditure Voter Rally		Category/ Type	
Name of Federal Candidate KAY R HAGAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		157629.65	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	28571.43
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Three digital displays are shown, each with small squares above the digits. The first display shows '10' with squares above the '1' and '0'. The second display shows '22' with squares above the first '2' and the second '2'. The third display shows '2014' with squares above the '2', '0', '1', and '4'.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD)		FEC IDENTIFICATION NUMBER ▼ C C00563064
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>

Full Name of Payee Ryan Rhodes		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2014	
Mailing Address 537 28th St		Amount 7500.00	
City West Des Moines	State IA	Zip Code 50265	Transaction ID : SE.5241
Purpose of Expenditure Media Election Consulting		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 10 / 2014
Name of Federal Candidate JONI K ERNST		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		187613.87	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee St Cecile Real Estate		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address PO Box 14957		Amount 2850.00	
City Baton Rouge	State LA	Zip Code 70898	Transaction ID : SE.5687
Purpose of Expenditure Rent for Phone Bank Office		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 01 / 2014
Name of Federal Candidate WILLIAM CASSIDY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		127616.58	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10350.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

 MM / DD / YYYY
10 / 22 / 2014

Signature

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: SE

Transaction ID : SE.5241

Estimated balance reported on IEN filed during the quarter in the amount of \$15000. Paid in increments on 9/5 and 10/10. See report number FEC-949508 filed on 8/30/2014.

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 29 OF 40
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD)		FEC IDENTIFICATION NUMBER ▼ C C00563064
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Strategic Media 21		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2014
Mailing Address 560 S. Winchester Blvd Ste 500		Amount 15357.00
City San Jose	State CA	Zip Code 95128
Purpose of Expenditure Advertising Services and Production	Category/Type	Transaction ID : SE.5148 Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2014
Name of Federal Candidate DAN SULLIVAN		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Strategic Media 21		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2014
Mailing Address 560 S. Winchester Blvd Ste 500		Amount 15357.00
City San Jose	State CA	Zip Code 95128
Purpose of Expenditure Advertising Services and Production	Category/Type	Transaction ID : SE.5150 Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2014
Name of Federal Candidate THOMAS COTTON		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	30714.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Signature

Date

MM / DD / YYYY
10 / 22 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 30 OF 40
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD)			FEC IDENTIFICATION NUMBER ▼ C C00563064	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Strategic Media 21			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2014	
Mailing Address 560 S. Winchester Blvd Ste 500			Amount 21607.00	
City San Jose		State CA	Zip Code 95128	
Purpose of Expenditure Advertising Services and Production		Category/ Type 	Transaction ID : SE.5151 Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2014	
Name of Federal Candidate CORY GARDNER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>	
Calendar Year-To-Date Per Election for Office Sought		158413.87	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Strategic Media 21			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2014	
Mailing Address 560 S. Winchester Blvd Ste 500			Amount 15357.00	
City San Jose		State CA	Zip Code 95128	
Purpose of Expenditure Advertising Services and Production		Category/ Type 	Transaction ID : SE.5152 Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2014	
Name of Federal Candidate JONI K ERNST		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought		150471.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			36964.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Mr. KENNETH W. DAVIS JR. Signature _____				
[Electronically Filed] Date MM / DD / YYYY 10 / 22 / 2014				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 31 OF 40
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD)		FEC IDENTIFICATION NUMBER ▼ C C00563064
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Strategic Media 21		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2014
Mailing Address 560 S. Winchester Blvd Ste 500		Amount 15357.00
City San Jose	State CA	Zip Code 95128
Purpose of Expenditure Advertising Services and Production	Category/ Type	Transaction ID : SE.5153 Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2014
Name of Federal Candidate WILLIAM CASSIDY		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Strategic Media 21		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2014
Mailing Address 560 S. Winchester Blvd Ste 500		Amount 15357.00
City San Jose	State CA	Zip Code 95128
Purpose of Expenditure Advertising Services and Production	Category/ Type	Transaction ID : SE.5154 Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2014
Name of Federal Candidate TERRI LYNN LAND		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	30714.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Signature

Date

MM / DD / YYYY
10 / 22 / 2014

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NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD)			FEC IDENTIFICATION NUMBER ▼ C C00563064	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Strategic Media 21			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2014	
Mailing Address 560 S. Winchester Blvd Ste 500			Amount 21608.00	
City San Jose	State CA	Zip Code 95128	Transaction ID : SE.5155	
Purpose of Expenditure Advertising Services and Production		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2014	
Name of Federal Candidate THOM R TILLIS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		133968.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Strategic Media 21			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 560 S. Winchester Blvd Ste 500			Amount 6250.00	
City San Jose	State CA	Zip Code 95128	Transaction ID : SE.5332	
Purpose of Expenditure Advertising Services and Production		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 10 / 06 / 2014	
Name of Federal Candidate MARK BEGICH		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AK</u>	
Calendar Year-To-Date Per Election for Office Sought		136077.53	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			27858.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Mr. KENNETH W. DAVIS JR. Signature _____				
[Electronically Filed] Date MM / DD / YYYY 10 / 22 / 2014				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 33 OF 40
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD)			FEC IDENTIFICATION NUMBER ▼ C C00563064	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Strategic Media 21			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 560 S. Winchester Blvd Ste 500			Amount 6250.00	
City San Jose	State CA	Zip Code 95128	Transaction ID : SE.5333 Date of Disbursement or Obligation MM / DD / YYYY 10 / 06 / 2014	
Purpose of Expenditure Advertising Services and Production		Category/ Type 		
Name of Federal Candidate MARK LUNSFORD PRYOR		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		141657.37	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Strategic Media 21			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 560 S. Winchester Blvd Ste 500			Amount 9375.00	
City San Jose	State CA	Zip Code 95128	Transaction ID : SE.5334 Date of Disbursement or Obligation MM / DD / YYYY 10 / 06 / 2014	
Purpose of Expenditure Advertising Services and Production		Category/ Type 		
Name of Federal Candidate MARK E UDALL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>	
Calendar Year-To-Date Per Election for Office Sought		167788.87	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			15625.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Mr. KENNETH W. DAVIS JR. Signature _____				
[Electronically Filed] Date MM / DD / YYYY 10 / 22 / 2014				

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ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD)		FEC IDENTIFICATION NUMBER ▼ C C00563064
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Strategic Media 21		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014
Mailing Address 560 S. Winchester Blvd Ste 500		Amount 6250.00
City San Jose	State CA	Zip Code 95128
Purpose of Expenditure Advertising Services and Production	Category/Type	Transaction ID : SE.5335 Date of Disbursement or Obligation MM / DD / YYYY 10 / 06 / 2014
Name of Federal Candidate BRUCE L BRALEY		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 156721.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Strategic Media 21		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014
Mailing Address 560 S. Winchester Blvd Ste 500		Amount 6250.00
City San Jose	State CA	Zip Code 95128
Purpose of Expenditure Advertising Services and Production	Category/Type	Transaction ID : SE.5336 Date of Disbursement or Obligation MM / DD / YYYY 10 / 06 / 2014
Name of Federal Candidate MARY L LANDRIEU		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 149223.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	12500.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD)			FEC IDENTIFICATION NUMBER ▼ C C00563064		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Strategic Media 21			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 10 / 16 / 2014		
Mailing Address 560 S. Winchester Blvd Ste 500			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">6250.00</div>		
City San Jose		State CA	Zip Code 95128		Transaction ID : SE.5337
Purpose of Expenditure Advertising Services and Production		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 10 / 06 / 2014	
Name of Federal Candidate GARY PETERS			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MI		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">180480.43</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Strategic Media 21			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 10 / 16 / 2014		
Mailing Address 560 S. Winchester Blvd Ste 500			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">9375.00</div>		
City San Jose		State CA	Zip Code 95128		Transaction ID : SE.5338
Purpose of Expenditure Advertising Services and Production		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 10 / 06 / 2014	
Name of Federal Candidate KAY R HAGAN			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">143343.94</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">15625.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Mr. KENNETH W. DAVIS JR. _____ Signature			[Electronically Filed] Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2014		

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 36 OF 40
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD)			FEC IDENTIFICATION NUMBER ▼ C C00563064	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Strategic Media 21			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 560 S. Winchester Blvd Ste 500			Amount 9107.00	
City San Jose	State CA	Zip Code 95128	Transaction ID : SE.5339 Date of Disbursement or Obligation MM / DD / YYYY 10 / 06 / 2014	
Purpose of Expenditure Advertising Services and Production		Category/ Type 		
Name of Federal Candidate DAN SULLIVAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AK</u>	
Calendar Year-To-Date Per Election for Office Sought		145184.53	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Strategic Media 21			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 560 S. Winchester Blvd Ste 500			Amount 9107.00	
City San Jose	State CA	Zip Code 95128	Transaction ID : SE.5340 Date of Disbursement or Obligation MM / DD / YYYY 10 / 06 / 2014	
Purpose of Expenditure Advertising Services and Production		Category/ Type 		
Name of Federal Candidate THOMAS COTTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		150764.37	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			18214.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Mr. KENNETH W. DAVIS JR. _____ Signature				
[Electronically Filed]				
Date MM / DD / YYYY 10 / 22 / 2014				

Full Name of Payee Strategic Media 21		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 16 / 2014</div> </div>	
Mailing Address 560 S. Winchester Blvd Ste 500		Amount <div> <div>9107.00</div> </div>	
City San Jose	State CA	Zip Code 95128	Transaction ID : SE.5341 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 06 / 2014</div> </div>
Purpose of Expenditure Advertising Services and Production		Category/ Type	
Name of Federal Candidate JONI K ERNST		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought		<div> <div>165828.15</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Strategic Media 21		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 16 / 2014</div> </div>	
Mailing Address 560 S. Winchester Blvd Ste 500		Amount <div> <div>9107.00</div> </div>	
City San Jose	State CA	Zip Code 95128	Transaction ID : SE.5342 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 06 / 2014</div> </div>
Purpose of Expenditure Advertising Services and Production		Category/ Type	
Name of Federal Candidate WILLIAM CASSIDY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>158330.58</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	18214.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 38 OF 40
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD)		FEC IDENTIFICATION NUMBER ▼ C C00563064
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Strategic Media 21		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014
Mailing Address 560 S. Winchester Blvd Ste 500		Amount 9107.00
City San Jose	State CA	Zip Code 95128
Purpose of Expenditure Advertising Services and Production	Category/ Type	Transaction ID : SE.5343 Date of Disbursement or Obligation MM / DD / YYYY 10 / 06 / 2014
Name of Federal Candidate TERRI LYNN LAND		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Strategic Media 21		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014
Mailing Address 560 S. Winchester Blvd Ste 500		Amount 12233.00
City San Jose	State CA	Zip Code 95128
Purpose of Expenditure Advertising Services and Production	Category/ Type	Transaction ID : SE.5344 Date of Disbursement or Obligation MM / DD / YYYY 10 / 06 / 2014
Name of Federal Candidate THOM R TILLIS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	21340.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 39 OF 40
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD)			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00563064</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee Strategic Media 21			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 16 / 2014</div>		
Mailing Address 560 S. Winchester Blvd Ste 500			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12232.00</div>		
City San Jose		State CA	Zip Code 95128		Transaction ID : SE.5345
Purpose of Expenditure Advertising Services and Production		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 06 / 2014</div>	
Name of Federal Candidate CORY GARDNER			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">167788.87</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Jebb Young			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 24 / 2014</div>		
Mailing Address 4200 Calion Hwy			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7500.00</div>		
City El Dorado		State AR	Zip Code 71730		Transaction ID : SE.5242
Purpose of Expenditure Media Election Consulting		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 10 / 2014</div>	
Name of Federal Candidate THOMAS COTTON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">172550.09</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">19732.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">395350.03</div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Mr. KENNETH W. DAVIS JR.			[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 22 / 2014</div>
Signature _____					

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: SE

Transaction ID : SE.5242

Estimated balance reported on IEN filed during the quarter in the amount of \$15000. Paid in increments on 9/5 and 10/10. See report number FEC-949509 filed 8/30/2014,

Form/Schedule:

Transaction ID: